

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589257

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		⑦		1		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11		2		1		
12		①		1		
13	1	⑥		1		
14		1		1		
15		2	1			
16		⑦		1		
17		⑤		1		
18		①		1		
19	1			1		
20		1		1		
21		1		1		
22		3		3		
23		3		3		
24	1		1			
25		1		1		
26		1		1		
27		3		3		
28		①		4		
29		4		4		
30		①		4		
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TOTAL IND.	6	↓	5	↓		↓
TOTAL DEP.	36	←	40	←		←
TOTAL CLAIMS	42		45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						